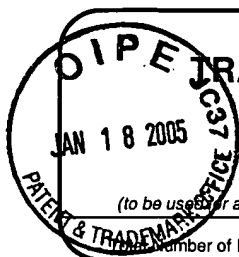
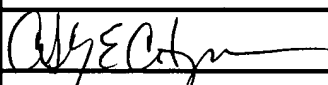


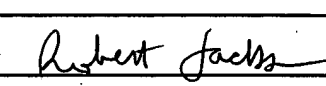
IFW

PTO/SB/21 (09-04)

	Application Number	10/642,905
	Filing Date	August 18, 2003
	First Named Inventor	Diard, Franck R.
	Art Unit	3712
	Examiner Name	Unassigned
	Attorney Docket Number	019680-006400US
Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard PTO Form SB/08A and SB/08B Copy of PCT Search Report Copy of 2 cited references
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Cathy E. Cretsinger		
Date	January 12, 2005	Reg. No.	51,588

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Robert Jackson	Date	1-13-2005

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PATENT
Attorney Docket No.: 019680-006400US
Client Reference No.: P000623

Commissioner for Patents
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Alexandria, VA 22313-1450

On 1-13-2005

TOWNSEND and TOWNSEND and CREW LLP

By: Robert Jackson

Robert Jackson



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Franck R. Diard

Application No.: 10/642,905

Filed: August 18, 2003

For: ADAPTIVE LOAD BALANCING
IN A MULTI-PROCESSOR GRAPHICS
PROCESSING SYSTEM

Examiner: Unassigned

Art Unit: 3712

INFORMATION DISCLOSURE
STATEMENT UNDER 37 CFR §1.97 and
§1.98

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08A and PTO/SB/08B are being called to the attention of the Examiner. Copies of the Non-U.S. Patent references are not enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

Also enclosed is a copy of the Search/Examination report corresponding to the PCT application.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that no fee is required for submission of this statement. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



Cathy E. Cretsinger
Reg. No. 51,588

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Tel: 650-326-2400
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CEC:rlj
60396709 v1

(use as many sheets as necessary)

Sheet	2	of	2
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Application Number	10/642,905
Filing Date	August 18, 2003
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Art Unit	3712
Examiner Name	Unassigned
Attorney Docket Number	019680-006400US

[illegible]

Examiner
Signature

Date
Considered

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.